

CG- 20-04

FPN  
9/20/04  
1611

PTO/SB/92 (08-03)

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Application No. (if known): 09/392,842

Attorney Docket No.: 05402/100M695-US1

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Petition for Extension of Time (1 page)

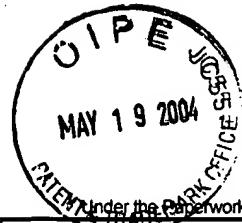
Request for Continued Examination Transmittal (1 page)

Submission Under 37 C.F.R. §1.114 (2 pages)

Fee Transmittal (1 page)

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<b>FEE TRANSMITTAL for FY 2004</b>		<b>Complete if Known</b>	
		Application Number	09/392,842
		Filing Date	September 9, 1999
		First Named Inventor	Samuel P. Sawan
		Examiner Name	S. J. Sharareh
		Art Unit	1617
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 1,300.00		05402/100M695-US1	

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None
Deposit Account:			
Deposit Account Number	04-0100		
Deposit Account Name	Darby & Darby P.C.		
The Director is authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments		
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
<b>SUBTOTAL (1) (\$)</b>		0.00	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	$\text{--}^{\circ} =$	$\boxed{\quad} \times \boxed{\quad}$	$= \boxed{\quad}$
Multiple Dependent		$\boxed{\quad} \times \boxed{\quad}$	$= \boxed{\quad}$
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
<b>SUBTOTAL (2) (\$)</b>		0.00	
** or number previously paid, if greater; For Reissues, see above			
<b>FEE CALCULATION (continued)</b>			
Fee Description	Fee Paid	Fee Description	Fee Paid
Utility filing fee		Design filing fee	
Plant filing fee		Reissue filing fee	
Provisional filing fee			
<b>SUBTOTAL (1) (\$)</b>		530.00	
1,300.00			
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3) (\$)</b>	
1,300.00			

<b>SUBMITTED BY</b>		(Complete if applicable)		
Name (Print/Type)	Bert J. Lewen	Registration No. (Attorney/Agent)	19,407	Telephone (212) 527-7775
Signature			Date 5/19/04	May 18, 2004